

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						Serial No.	Filing Date
						Applicant(s)	
						Claims	
As Filed		After 1st Amendment		After 2nd Amendment		Ind.	Dep.
Ind.	Dep.	Ind.	Dep.	Ind.	Dep.	Ind.	Dep.
1	1	1	1	1	1	51	
2	1	1	1	1	1	52	
3	2	1	1	1	1	53	
4	2	1	1	1	1	54	
5	2	1	1	1	1	55	
6	2	1	1	1	1	56	
7	1	1	1	1	1	57	
8	1	1	1	1	1	58	
9	2	1	1	1	1	59	
10	2	1	1	1	1	60	
11						61	
12						62	
13						63	
14						64	
15						65	
16						66	
17						67	
18						68	
19						69	
20						70	
21						71	
22						72	
23	2	1	1	1	1	73	
24						74	
25						75	
26						76	
27						77	
28						78	
29						79	
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL CLAIMS	11	10	10	10	10	TOTAL CLAIMS	10
TOTAL IND.	2	2	2	2	2	TOTAL IND.	2
TOTAL DEP.	9	8	8	8	8	TOTAL DEP.	8